

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 486394	RECEIPT DATE:	02 / 28 / 00
IA NUMBER:	PCT/ EP98 / 04773	IA FILING DATE:	07 / 30 / 98
FAMILY NAME:	HOPFL	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	REINHARD	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	08 / 27 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	032929-001	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX
NAME:	PETER K SKIFF		
	BURNS DOANE SWECKER & MATHIS		
STREET:	P O BOX 1404		
CITY:	ALEXANDRIA		
STATE/COUNTRY:	VA	ZIP:	223131404
EMAIL:			
APPLICATION TITLES:	DIAGNOSTIC KIT FOR SKIN TESTS. AND METHOD		

TAB TO LAST POSITION,PUSH SEND